

**SPECIAL EVENT - PUBLIC PROPERTY
USER APPLICATION & AGREEMENT**

DIRECTIONS

Step One:

- If this request involves closing a street
Contact Lafayette Police - Traffic Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room
Contact Lafayette Parks Department for availability / 765-807-1500

Step Two:

- Complete and submit this application to Lafayette Engineering Department
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1050



Do not use for
contractor
vehicle permit

User Information

Date of Function: 8/29/2020 Time: From: 8 am/pm to: 8 am/pm
Name: Beers Across the Wabash Organization: Friends of Downtown
Street Address: P.O. Box ~~500~~ 684
City: Lafayette State: IN Zip Code: 47902
Contact person(s): Ken McComan Phone Number(s): 765-414-7608
Email: k.mccoman@comcast.net
Event Description: Brewfest
Caterer: _____ Caterer's Phone Number: _____

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☒ John T. Myers Bridge
☐ City Right-of-way ☐ City Street ☐ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Anticipated Attendance: 1,500

- ☒ Street/Sidewalk/Right-of-way restriction or closure ☒ Food or Beverages
☒ Restroom Facilities (required for events 4+ hours) ☒ Tents/Canopies
☒ Alcohol (security is required) ☒ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

- ☐ Amusement & Entertainment Permit # _____ <http://www.in.gov/dhs/2795.htm>
☐ Stage ☐ Fireworks ☒ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

☐ Traffic Control: barricades, **No Parking** signs, \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days		42 days	
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☒ Pre-event meeting (if required)
- ☒ Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☒ Receipt – payment made to City of Lafayette or Lafayette Parks Department
 - Damage Deposit: \$ _____ (required only when renting Depot)
 - Permit Fee: \$ 25 (fee waived when renting Depot)
 - Rental Fee: \$ _____
 - Equipment & Services: \$ _____ (optional)
- ☒ Certificate of Insurance
- ☒ Amusement & Entertainment Permit # _____
Not sure if you need an A&E Permit? Want more information? Go to:
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☒ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

"User"

By: _____

Signature

Printed: _____

Date: _____

February 7, 2020

To: City of Lafayette Board of Works
From: Ken McCammon
Beers Across the Wabash
Friends of Downtown

This letter is intended as a request to allow the closure of the John T. Myers Pedestrian bridge on Saturday, August 29 from 8am to 8pm for the annual Beers Across the Wabash.

Sincerely,

A handwritten signature in blue ink that reads "Ken R. McCammon". The signature is written in a cursive, flowing style.

Ken McCammon
Friends of Downtown

Beers Across the Wabash

The "Beers Across the Wabash" committee would like to announce the closure of the John T. Myers Pedestrian Bridge on Saturday, August 29, 2020 from 8am to 8pm. This will allow the people of Lafayette to enjoy the annual Beers Across the Wabash brew fest.

Please call Ken McCammon at 765-414-7608 if you have any questions.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Aspen Klaus
Underwood Agency	PHONE (A/C, No, Ext): (765) 742-7320 FAX (A/C, No):
3990 State Road	E-MAIL ADDRESS: aklaus@underwoodagency.com
38 E STE 5A	INSURER(S) AFFORDING COVERAGE
Lafayette IN 47905	INSURER A: West Bend Mutual Ins NAIC #: 15350
INSURED	INSURER B:
Friends of Downtown	INSURER C:
PO Box 684	INSURER D:
Lafayette IN 47902	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL19112700807

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			1111825	08/04/2019	08/04/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1844235	02/11/2019	02/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Lafayette
20 N 6th Street

Lafayette

IN 47901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aspen Klaus

MISCELLANEOUS PAYMENT RECPT#: 2036227
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 02/19/20 TIME: 15:43
CLERK: sscott DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT: BEERS ACROSS WABASH

CHARGES:
APG1 APPLICATION FEE 25.00
AMOUNT PAID: 25.00

PAID BY: FRIENDS OF DOWNTOWN
PAYMENT METH: CHECK
1069

REFERENCE:

AMT TENDERED: 25.00
AMT APPLIED: 25.00
CHANGE: .00